

SKILL PERFORMANCE EVALUATION CERTIFICATE APPLICATION

PLEASE TYPE OR PRINT CLEARLY

IDENTIFICATION OF APPLICANT

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE # : _____ DRIVER S LICENSE # : _____

STATE OF ISSUANCE OF DRIVER S LICENSE # : _____

DESCRIPTION OF YOUR LIMB IMPAIRMENT OR AMPUTATION: _____

TYPE OF PROSTHESIS WORN, IF APPLICABLE: _____

DESCRIPTION OF OPERATION

STATES OF OPERATION: _____ TYPE OF CARGO: _____

AVERAGE PERIOD OF DRIVING TIME: _____ TYPE OF OPERATION (Sleeper Team, Relay, etc.): _____

NUMBER OF YEARS EXPERIENCE DRIVING TYPE OF VEHICLE IN APPLICATION: _____

NUMBER OF YEARS DRIVING ALL TYPES OF VEHICLES: _____

DESCRIPTION OF VEHICLE(S)

VEHICLE TYPE (truck, truck tractor, bus, etc.): _____ IF BUS, INDICATE SEATING CAPACITY: _____

MAKE: _____ MODEL # : _____ YEAR: _____

TRANSMISSION TYPE (automatic or manual): _____ # OF FORWARD SPEEDS: _____

IF EQUIPPED WITH AUXILIARY TRANSMISSION, INDICATE # OF FORWARD SPEEDS: _____

REAR AXLE SPEED (designate single speed, 2 speed, 3 speed): _____

TYPE OF BRAKE SYSTEM: _____

STEERING (Manual or power assisted): _____

NUMBER OF SEMITRAILERS OR FULL TRAILERS TO BE TOWED AT ONE TIME: _____

DESCRIPTION OF TRAILER(S) (van, flatbed, cargo tank, lowboy, pole, dump, etc.): _____

DESCRIPTION OF VEHICLE MODIFICATIONS: _____

I CERTIFY THAT I AM OTHERWISE QUALIFIED UNDER PART 391 (QUALIFICATION OF DRIVERS) OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS.

Signature

Date